

# 59<sup>th</sup> Medical Wing

---



**U.S. AIR FORCE**

## 59 MDW Allergy Product Line Analysis

Information Brief

Briefer: LtCol Julian

Date: 28 Oct 04

---

***Integrity - Service - Excellence***

# Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Allergy Product Line Review

# Revised Financing Overview

## Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
  - In-house vs. “make vs. buy” to Private Sector
  - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
  - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to:
  - Take care of our enrollees and meet our business plan targets
  - Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

# Business Plan Overview

## Actual 59 MDW Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

# SA-MM Overview

## Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
  - Optimize efficiency between direct and purchased care markets
  - Eliminate duplicate services
  - Increase synergy and cooperation among San Antonio MTFs
  - Ensure patient satisfaction with access and quality service
  - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
  - Optimize provider mix across specialty lines
  - Move providers and add facility capacity to meet population demands
  - Conduct rigorous business planning for clinical service lines
  - Optimize Third Party Billing, Contracting and Pharmacy
  - Establish a SA-MM Consult, Appointment and Management Office

# CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
  - Encourages consolidation of clinical service lines
  - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

# Allergy Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Stoplights

# Allergy/Immunology Clinic Description

- Outpatient Clinic, Inpatient consultations
  - Flu, Smallpox, Anthrax program
  - Mobility lines
  - BMT immunizations (400,000 annually)
  - BMT penicillin program
  - EPTS evaluations for asthma in BMT population (~1000 evaluations annually)
- Services provided
  - A/I care to ALL DoD beneficiaries
  - Immunization services
  - Mixing lab services (400 scripts/mo)
- WHMC supports BAMC with sub-specialty coverage including episodic A/I consultations, and after hours call coverage



# Allergy/Immunology GME Program Status

- Not an integrated Residency Program
  - 2-4 AF Starts per Year/ 4-6 Total AF Residents
    - Total 4-8 Residents in Program, 8 in 2004-2005
    - We have trained 1 Army and 3 Navy fellows in past 6 years
    - 2-year fellowship after board-certification in Pediatrics or Internal Medicine
- RRC Status: 5-year accreditation; Sept 2003
- Overall Program Health: Good
  - 100% Board Certification Pass Rate in past 12 years
  - 100% on-time Graduation (2 resignations in past 10 years)
  - Scores: top 35% nation-wide
  - Case Mix and Patient Volume:
    - 25% Pediatrics, 75% Adult
    - 6788 A/I patients / year (567/mo)
    - 5729 allergy shots/year (522/mo)
    - ~1000 BMTs / year

# Allergy/Immunology Staffing

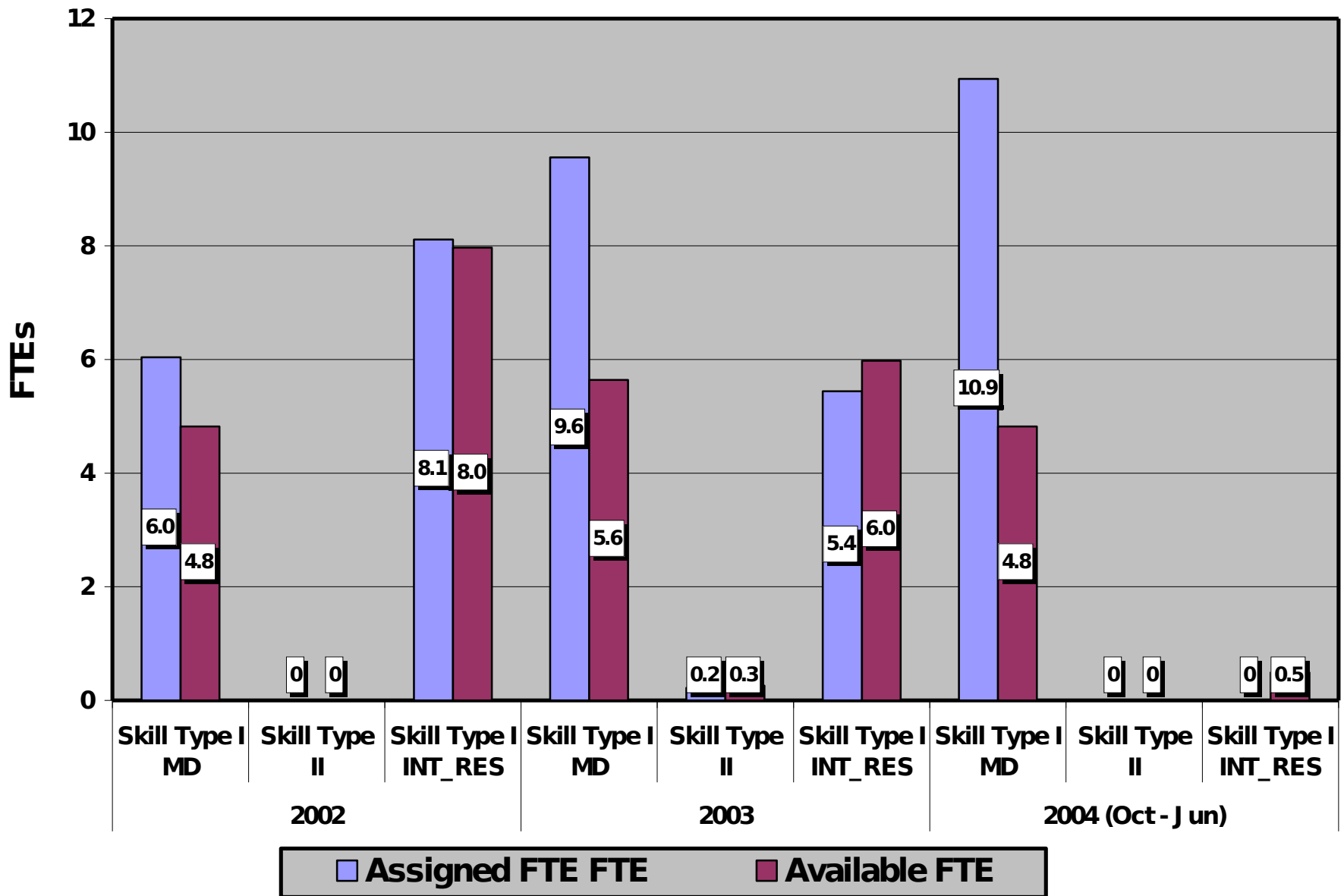
	Authorized				Assigned				
Providers	Mil	GS	Total		Mil	GS	K	Total	% Staffing
44Z3	4	0	4		4	0	0	4	100%
Support	Mil	GS	Total		Mil	GS	K	Total	% Staffing
46N3	1	0	1		1	0	0	1	100%
4N0X1s	20	0	20		18	0	0	18	90%
4A0X1	1	0	1		1	0	0	1	100%
Total	22	0	22		20	0	0	20	91%

- 1 Physician deployed so 3 available physicians
- 8 fellows and 3 available staff falls short of the RRC recommendation of 1.5 staff per fellow

# Allergy/Immunology Manpower and Staffing (Con't)

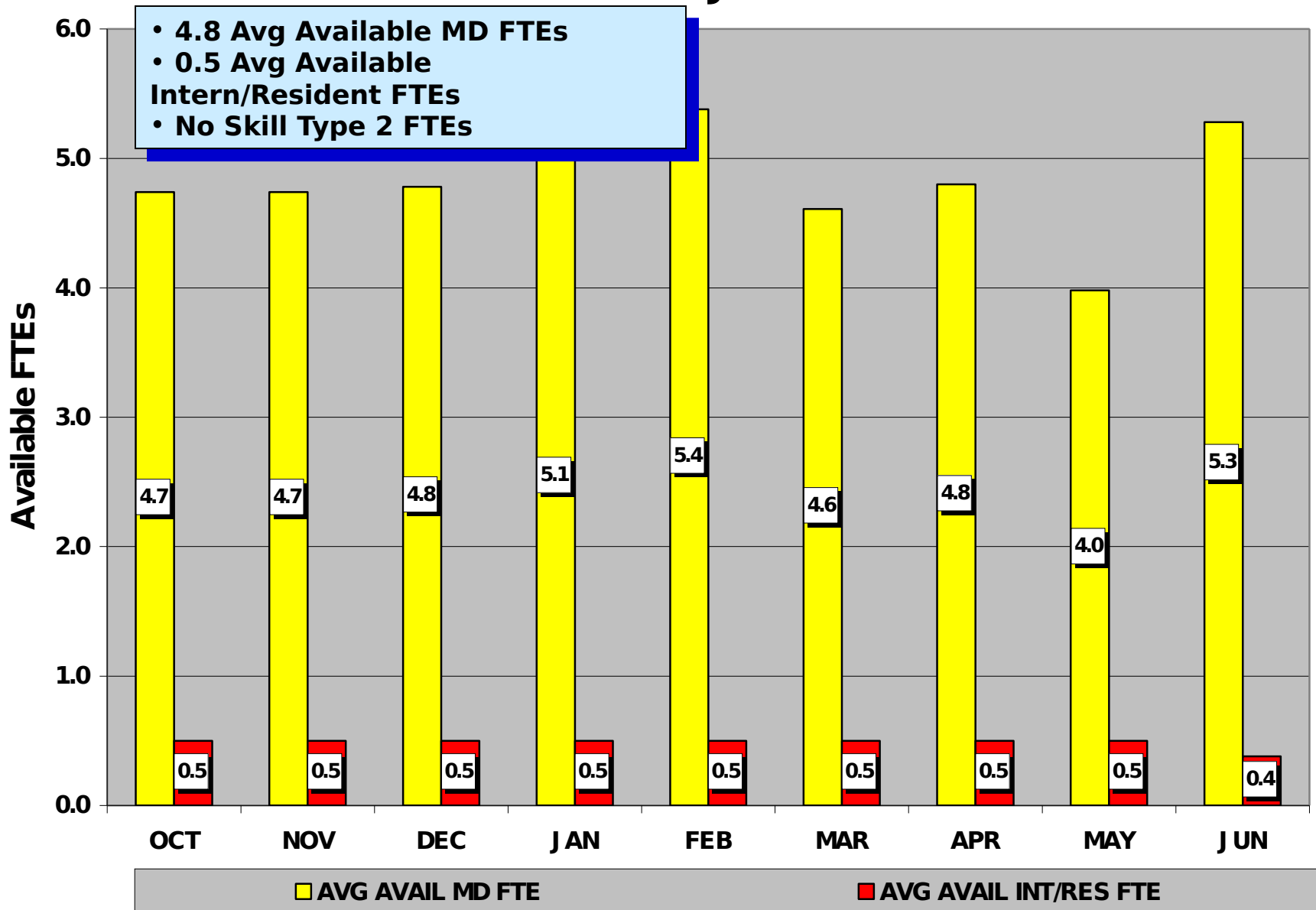
- How does MAPPG06 change authorizations?
  - No change in number of physicians
- Resource Sharing Agreements and Contractors
  - 3 LVN contractors for BMT immunizations (Hep B program)
  - 1 laboratory GS worker
  - 1 Administrative (secretary) GS worker
  - 1 Contract physician (Dr. Freeman)
- AFMS-wide staffing outlook:
  - 17 Allergists at 11 bases (100% manned)
  - 100% manning for 2005-2006
  - 65% manning for 2006-2007 (2 retirements & 4 possible separations)

# Allergy MEPRS Reporting By FY and Skill Type



# Allergy Monthly Reported Available FTEs

## Oct 03 – Jun 04



# Allergy/Immunology Mobility and Other Deployments

- Physician Deployments (SGX Database)
  - FY03:
    - None
  - FY04 Taskings:
    - 1 Currently deployed (LtCol Quinn) as 44M3
  - FY04 Taskings in Turtle Model (44M3 Subs)
    - EMEDS Critical Care: 2 per = 6 FTEs = 720 days at risk\*
    - Hospital Med Exp: 2 per = 6 FTEs = 720 days at risk\*
    - Total At Risk: 1,440\*
- FY03 Humanitarian and Civic Assistance
  - None on record

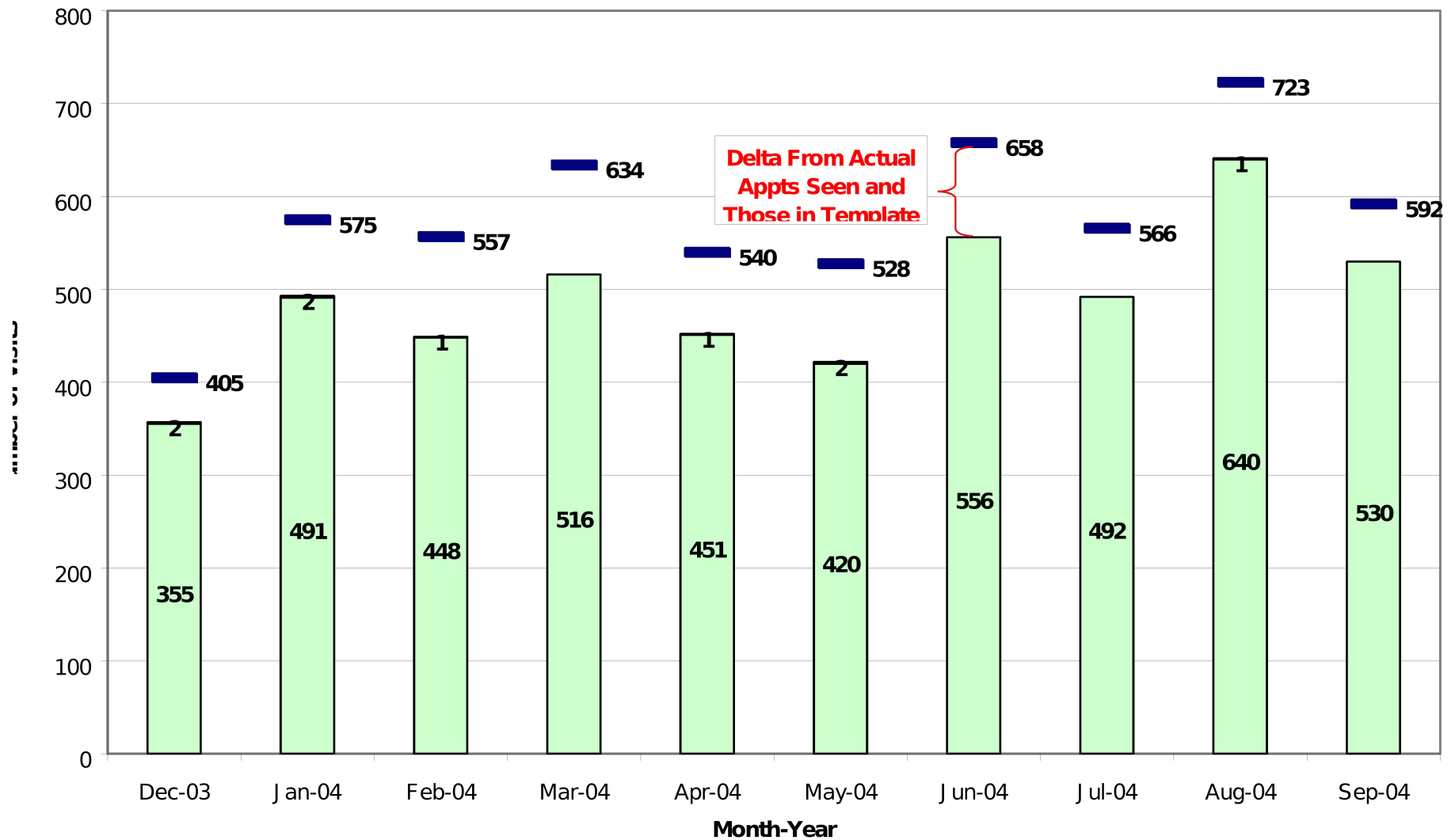
# Allergy/Immunology

## Access to Care

- Standard for Access to Specialty Care: 28 Days
- Allergy Actual:
  - Met: 98% overall
  - # Appts Met: 326
  - Total # Appts: 334
  - Avg Wait Time for Access: 12 days

- Allergy is **meeting standard** for Routine Access to specialty care

# Allergy Service Line: ALLERGY,WHMC



Booked

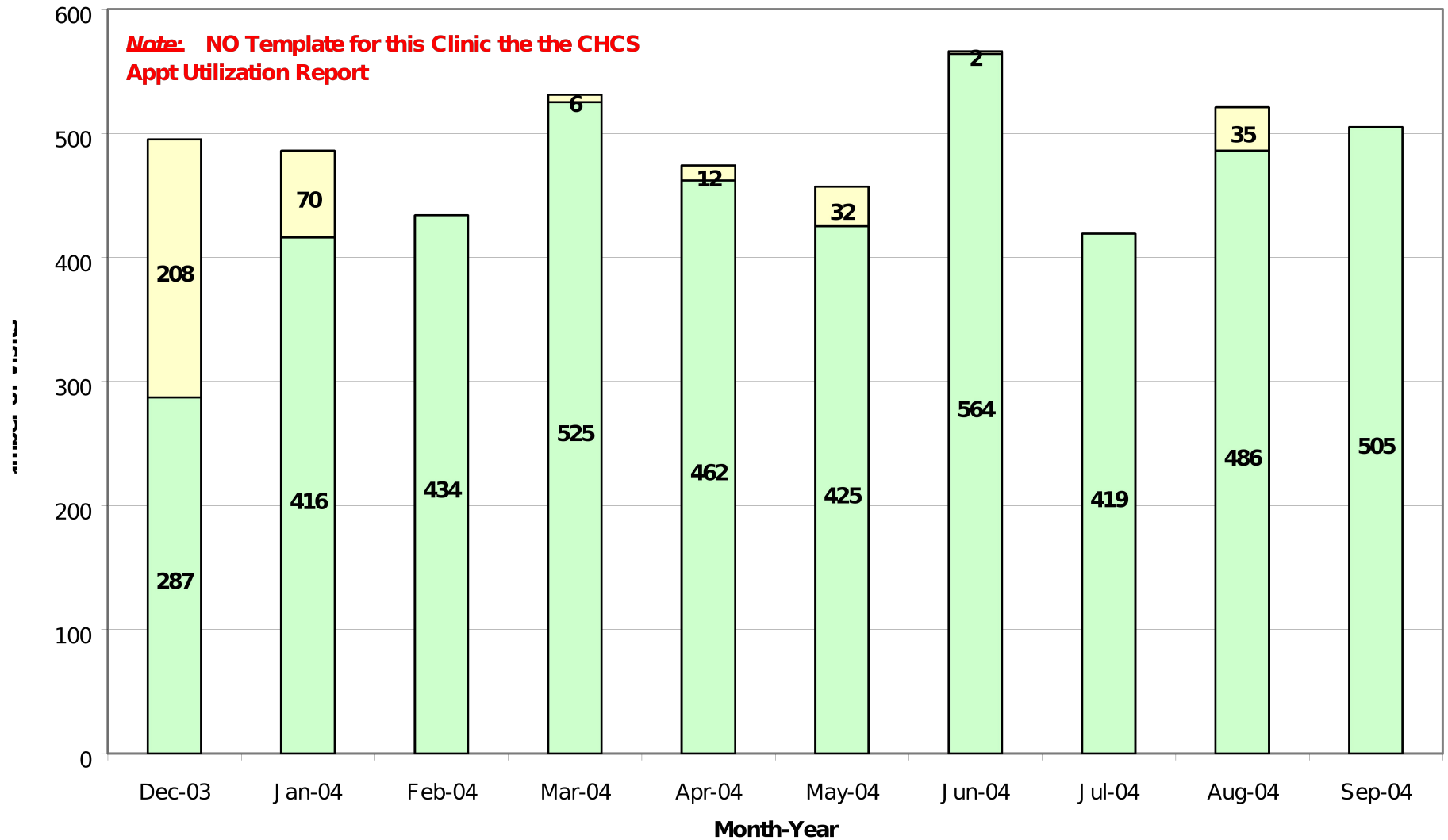
Walkins

Total Appts in Template



## Allergy Service Line: ALLERGY SHOTS CLINIC,WHMC

**Note:** NO Template for this Clinic the the CHCS  
Appt Utilization Report



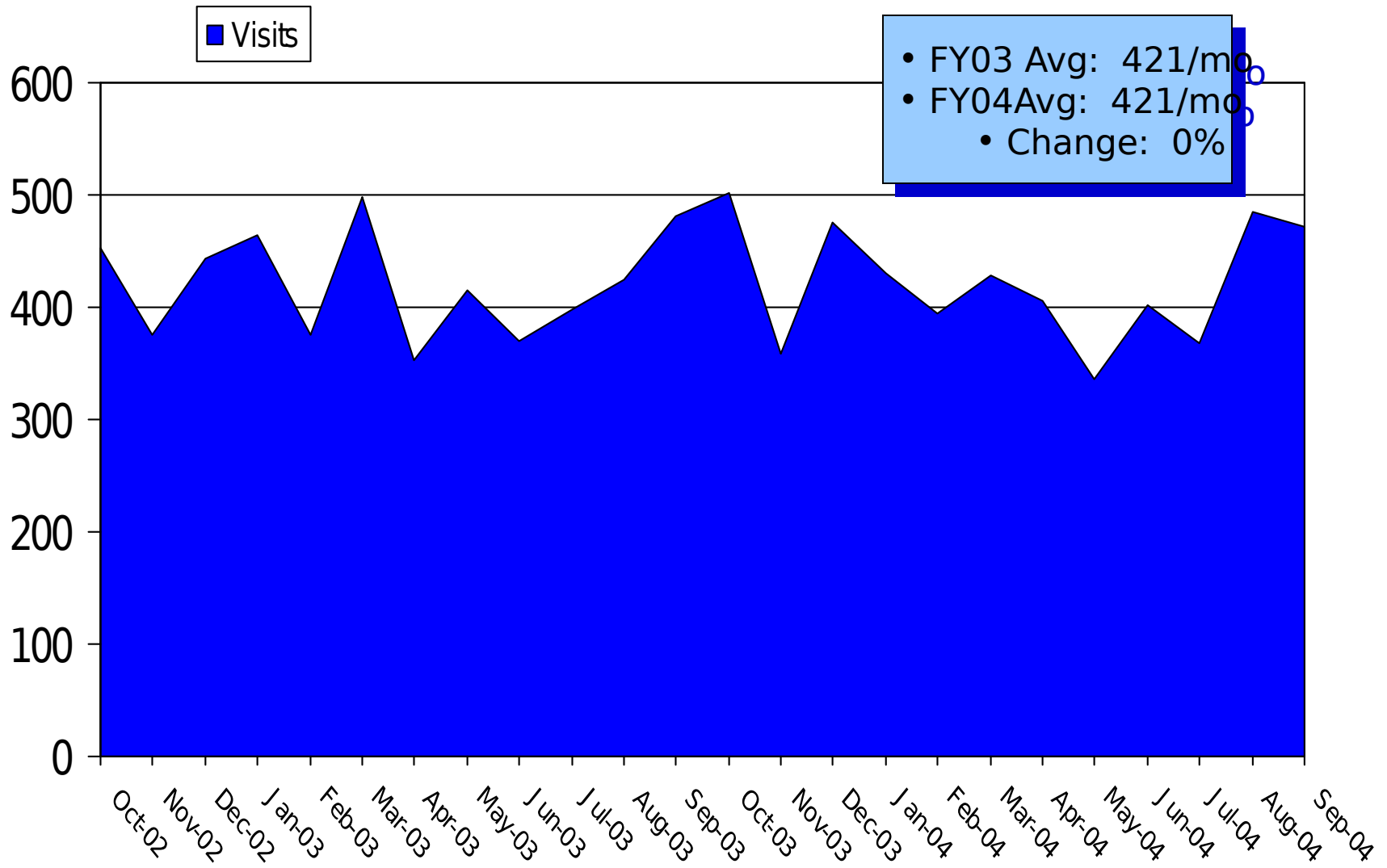
Booked

Walkins

Total Appts in Template

# Allergy

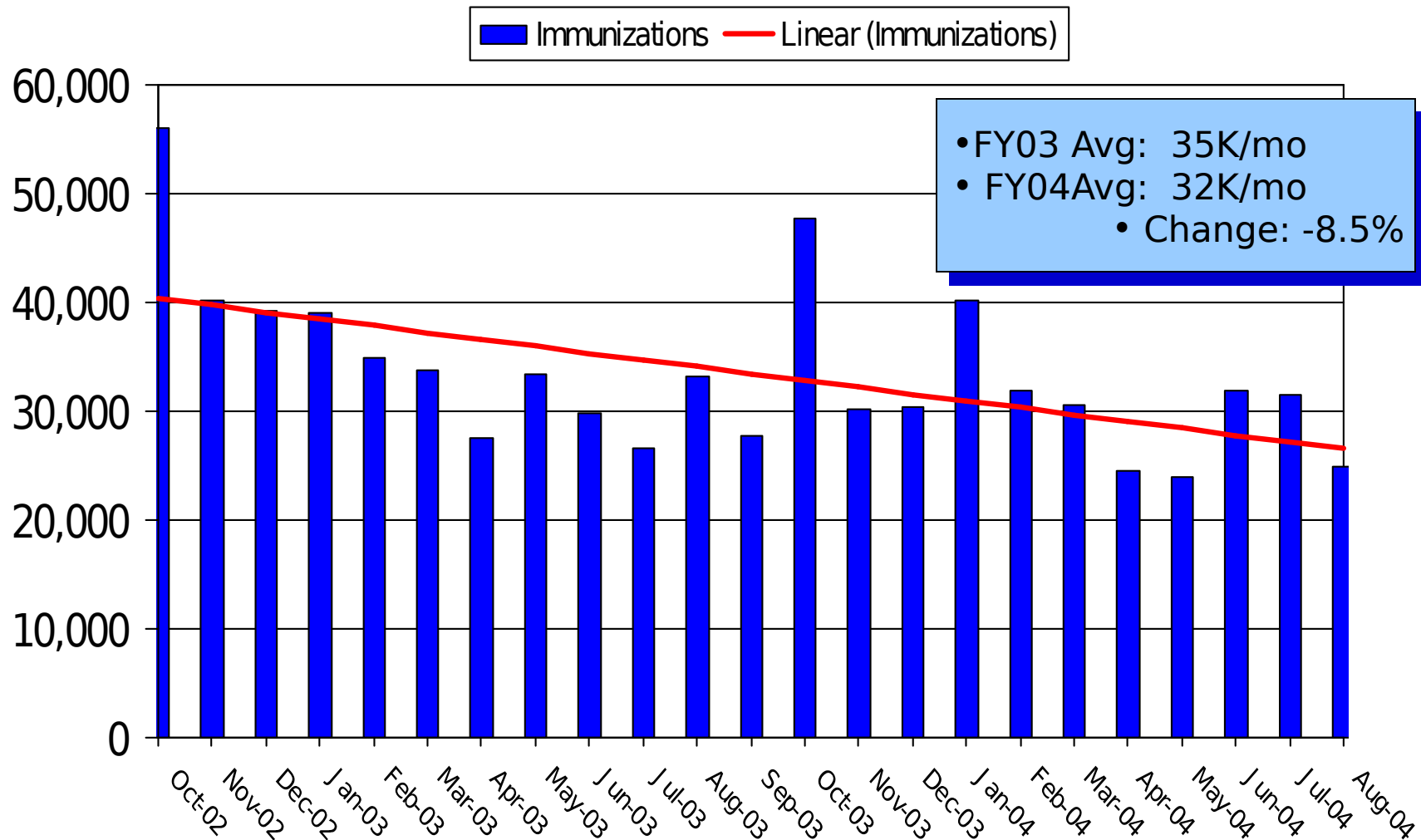
## Total Visits Oct 02-Sep 04



Visits change based  
On changes in technology  
Vaccine availability,  
New guidance (vaccinate  
All in past; now geographically  
Based), etc.

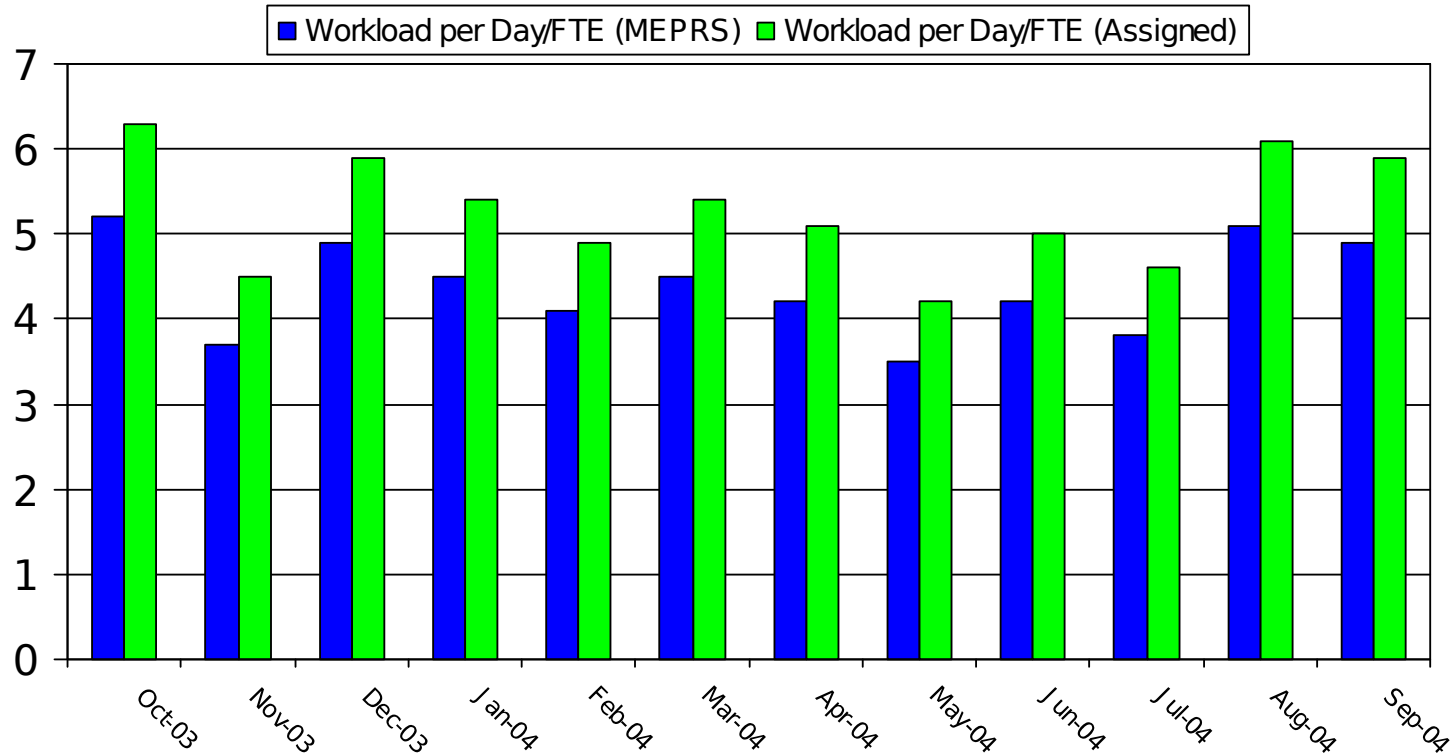
# Immunizations

## Total Oct 02-Sep 04



# Allergy/Immunizations

## Total Visits Oct 02-Sep 04

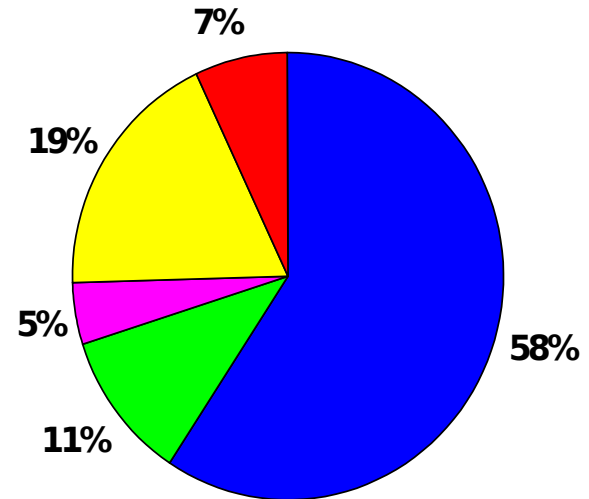
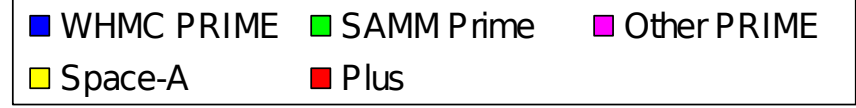
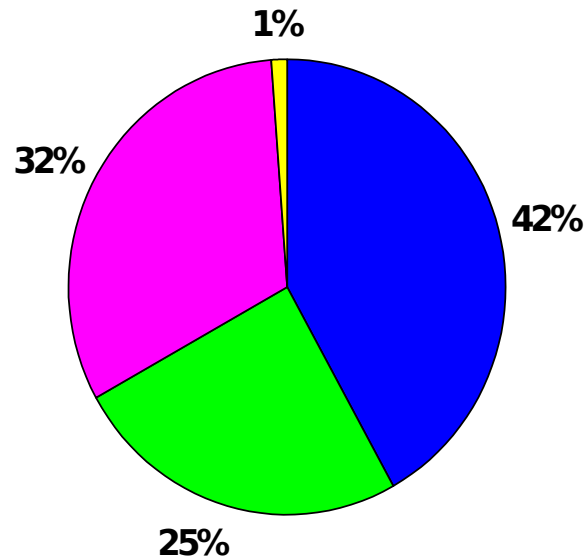


### **Avg Visits/Day/FTE**

- MEPRS Avail: 4.4
- Actual Asgn: 5.3

# Allergy/Immunology

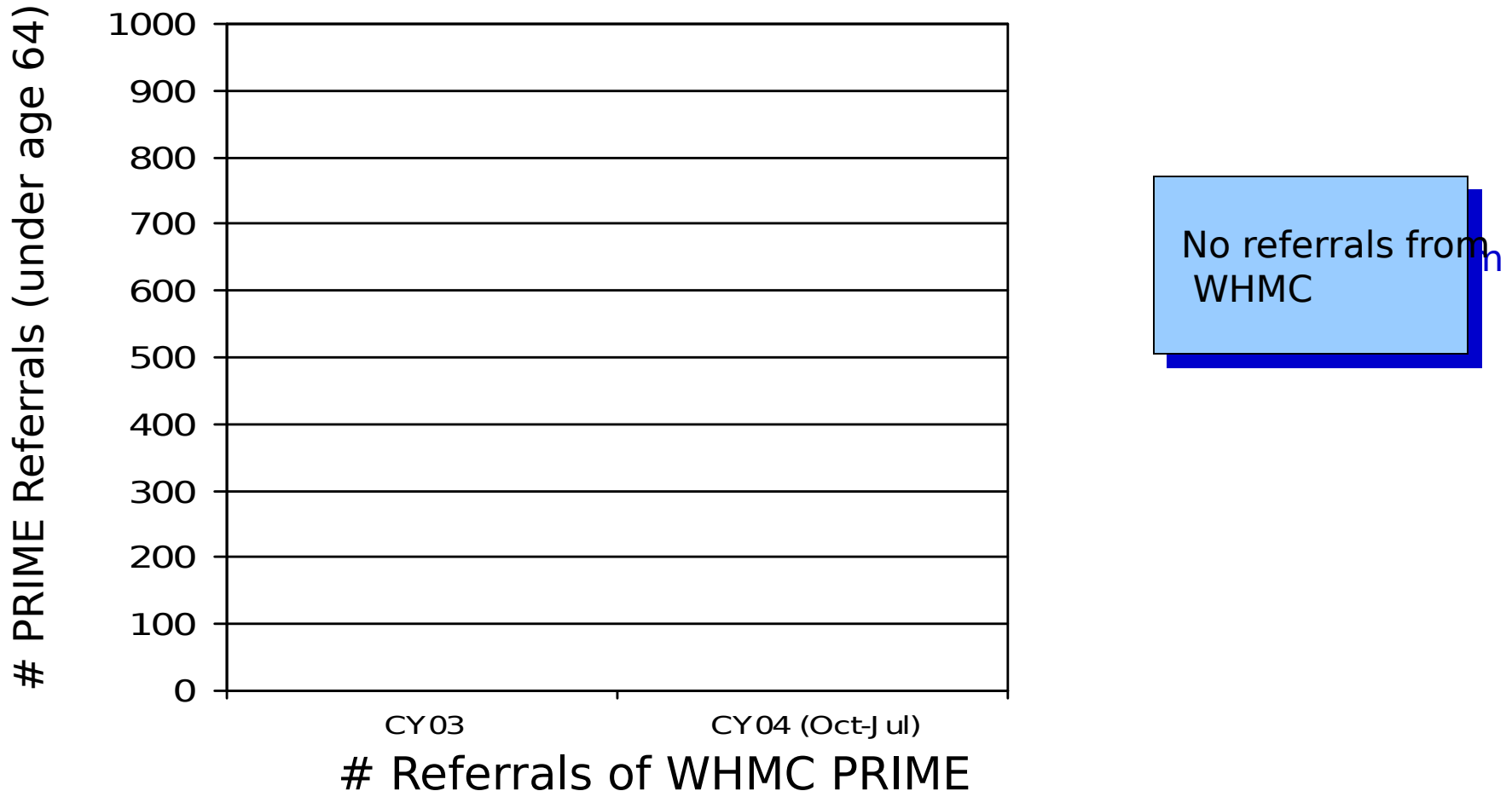
## Patient Type and RVU Source (FY04)



- 67% of total users active duty and Active duty family members

# Allergy/Immunology

## PRIME Containment & Referrals (OP)



# Allergy/Immunology Market Share

- WHMC and BAMC have approximately **90%** of the market share (FY03 Data)
  - WHMC CMAC: \$574K
  - BAMC CMAC: \$335K
  - Purchased Care CMAC (< 65 yrs): \$96K (10%)

Category	FY03	FY04 To Date
AD	\$ 1,900	\$ 296
BAMC Prime	\$ 2,515	\$ 2,349
WHMC Prime	\$ 8,603	\$ 3,281
Other MTFs	\$ 2,957	\$ 5,470
Network PRIME	\$ 28,704	\$ 26,928
Standard < 65	\$ 51,676	\$ 24,470
Total < 65	\$ 96,355	\$ 62,794

# Allergy/Immunology Coding Analysis

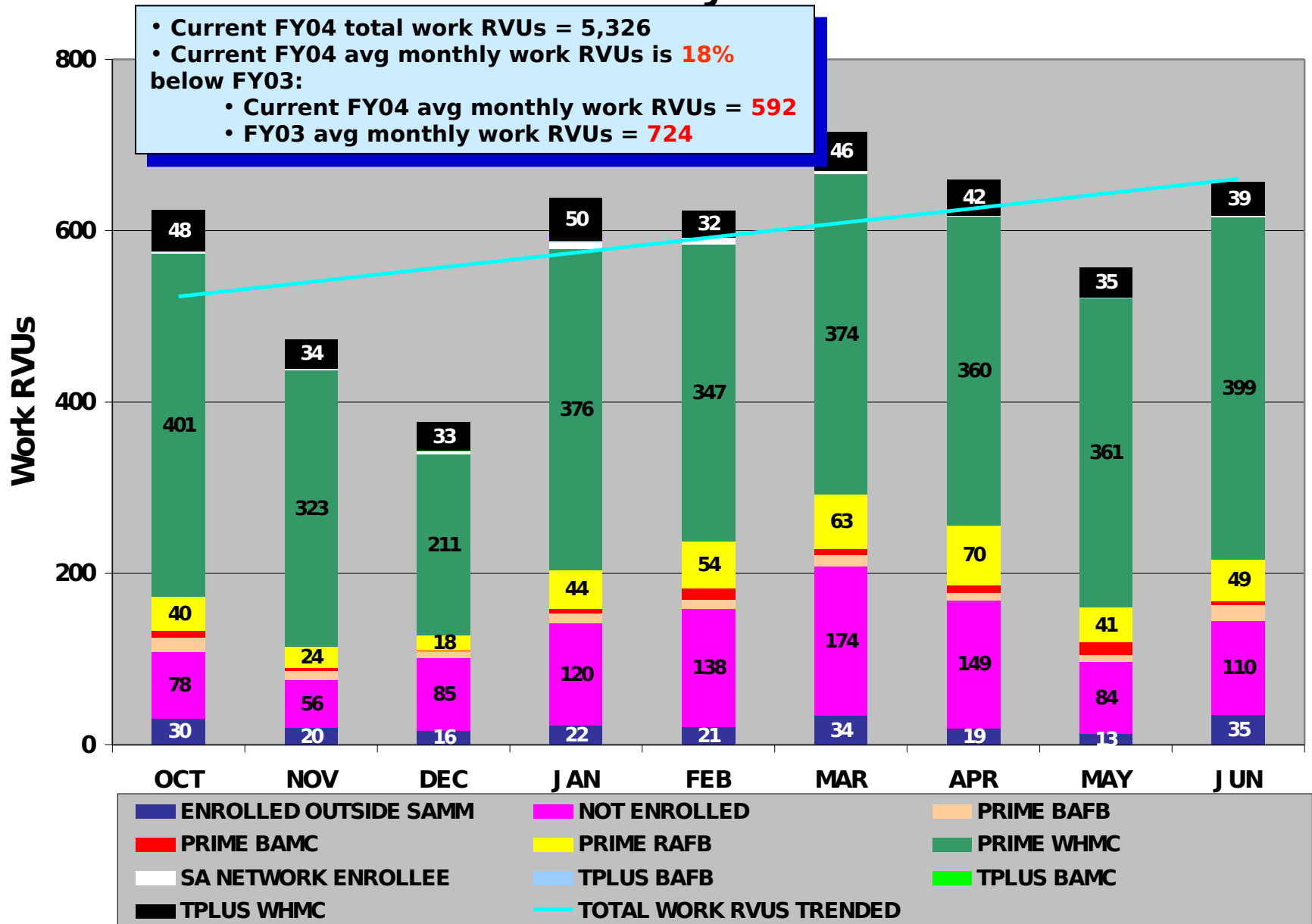
- Coder Situation: 1 coder (outpatient)
- Data Quality\* (Goal: 90% or more)
  - ICD9: 71.2%
  - CPT: 90.2%
  - E&M: 74.8%

• Jul 04 Audit

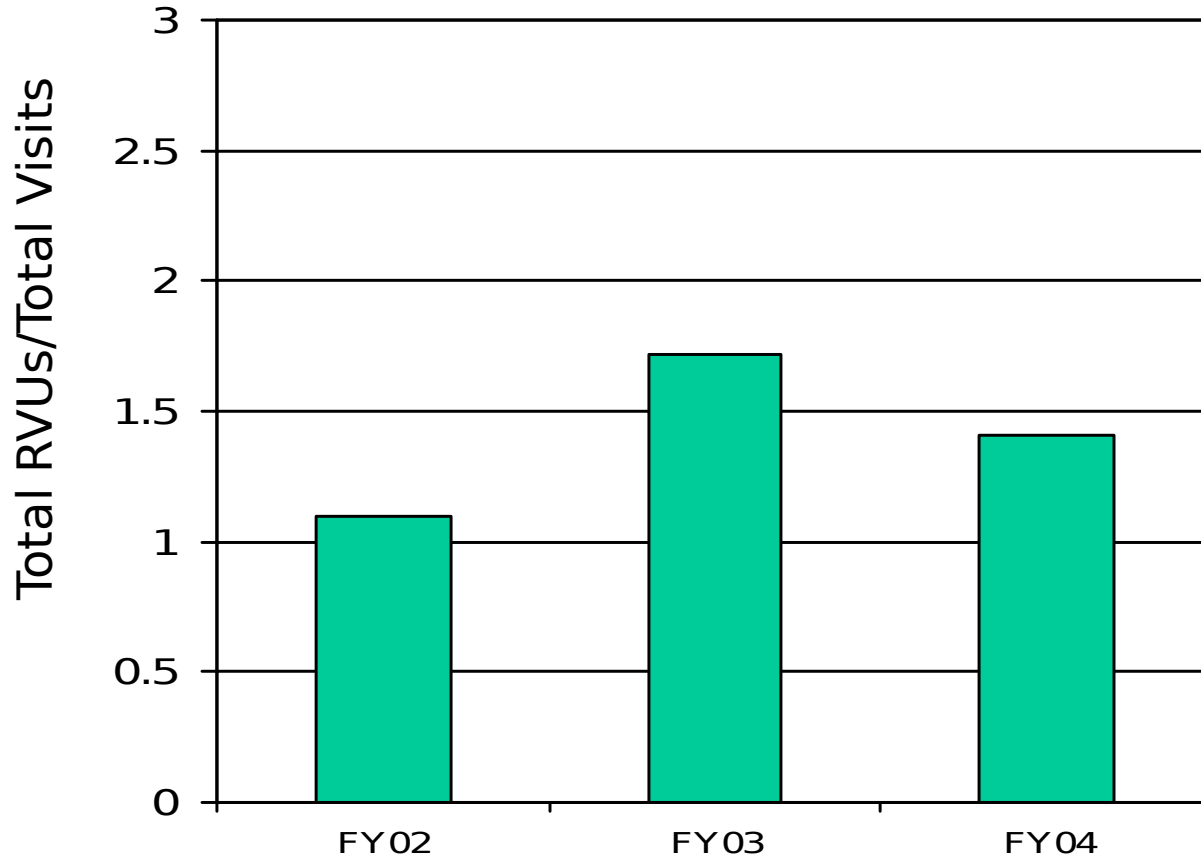


# Allergy Direct Outpatient Care Work RVUs

## Oct 04 - Jun 04



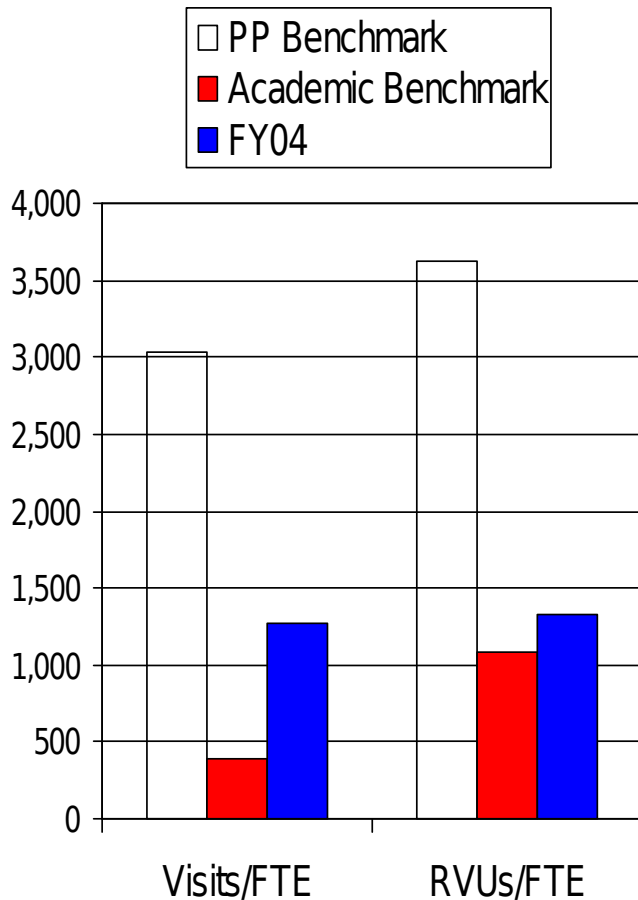
# Allergy/Immunology RVU/Visit (FY02 to FY04)



- FY04 RVU/Visit is down 18% compared to FY03

# Allergy/Immunology

## Benchmark Comparison per FTE



	1 Staff = 1 FTE
#FTEs	4
FY04 Visits	5,054
FY04 Visits/FTE	1,264
Academic Benchmark (visits/FTE)	391
% Compared to Acad. Benchmark	323%
FY04 RVUs	5,326
RVU/Visit	1.05
RVU/FTE	1,332
Academic Benchmark (RVI/FTE)	1,089
% Compared to Acad. Benchmark	122%

- **Exceeding** the academic benchmarks for both Visits/FTE and RVUs/FTE

# Allergy/Immunology

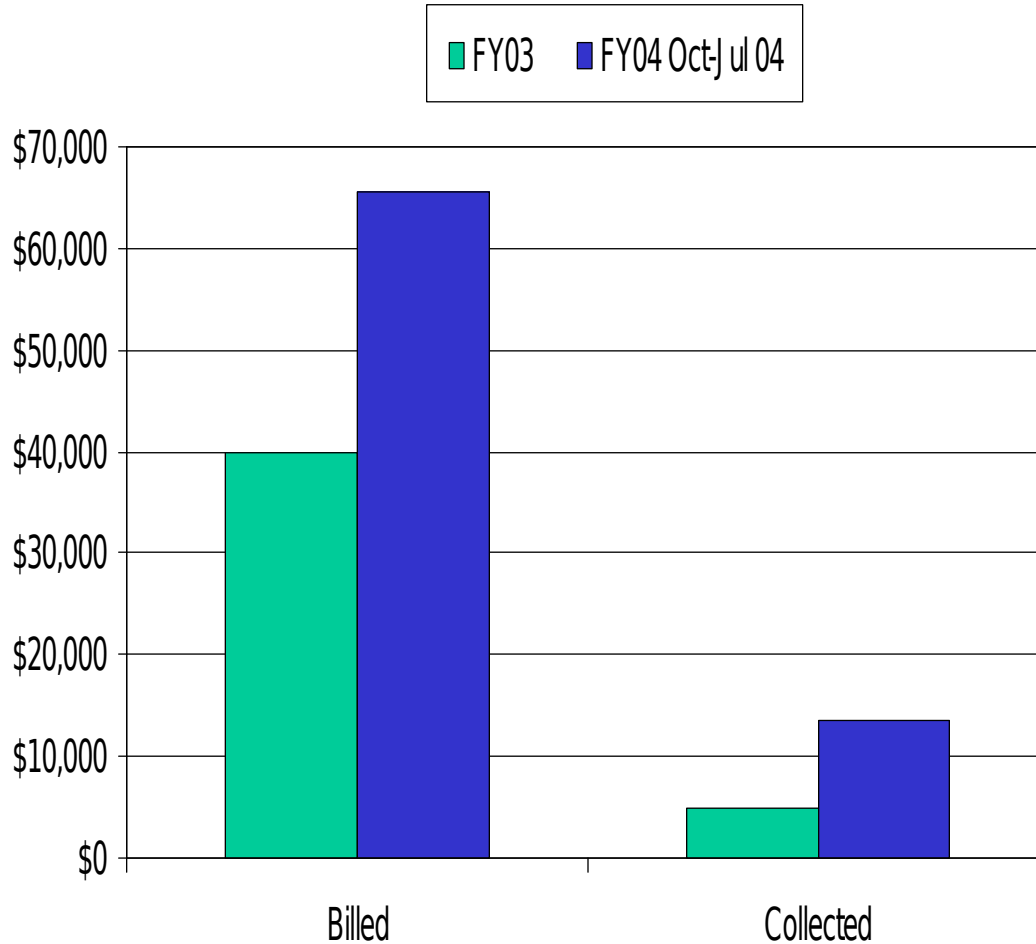
## Business Plan Performance Oct-Jun 04

Current	FY02 Target	FY04 Actual	Difference
IHC	4,373	3,151	(1,222)
Other DC	114	48	(66)
Total PRIME	4,487	3,199	(1,288)
FFS OE	856	816	(41)
FFS SA	1,963	995	(969)
FFS Plus	649	365	(283)
Total FFS	3,468	2,175	(1,293)

Projected	FY03 LOE	FY04 Actual	Difference
IHC	3,797	3,151	(646)
Other DC	115	48	(67)
Total PRIME	3,912	3,199	(713)
FFS OE	761	816	54
FFS SA	1,487	995	(492)
FFS Plus	411	365	(46)
Total FFS	2,659	2,175	(484)

Difference from target not as great in FY05 based on FY03 LOE without adjustments

# Allergy/Immunology Reimbursements FY03 vs. FY04



- Billing Rate
  - FY03: \$3.3K/mo
  - FY04: \$5.8K (up 74%)
- Bill to Collection Ratio
  - FY03: 0.12
  - FY04: 0.21 (up 75%)

➡ \$13.5K as of  
31 Aug 04

# Allergy/Immunology Customer Satisfaction

- DoD Customer Satisfaction Survey

<b>General Surgery</b>	<b>FY02</b>	<b>FY03</b>	<b>FY04</b>
Overall Satisfaction	100%	n/a	100%
Satisfaction with Medical Care	100%	n/a	100%

# Allergy/Immunology Clinic Initiatives








- Initiatives
  - We see 100% of all referrals without regard to TRICARE status and modify schedules, templates, and education rotations frequently to provide this comprehensive service
  - We have modified our electronic medical record multiple times, changing templates, documentation etc to maximize coding levels within the limits of our resources
  - Immunotherapy is being given in new, dedicated areas to increase efficiency and safety
  - Pre-shot questionnaires, procedures, documentation forms and QA reviews have been instituted to increase safety








# Allergy/Immunology Clinic Issues/Requirements

- Chronic and frequently severe support staff shortages in all areas (administrative, technical and nursing) limits the quality of services
- Necessary equipment requests frequently unfunded for years
  - Rhinoscope
  - Digichart
  - Oto-ophthalmoscopes
- To Be Discussed at Step 2 Brief



# Allergy/Immunology Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits/Surgeries over Time	
PRIME Containment	
Market Share	

Area Reviewed	
Reimbursements	
Data Quality	
Productivity vs. Civilian Benchmarks	
RVUs over time/RVU per Visit	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	
Customer Satisfaction	

# Allergy/Immunizations

## Next Steps

- Step 2
  - Follow-up: 22 Nov at 1000
- Step 3
  - Projected WHMC/BAMC Brief: Dec 04



***Integrity - Service - Excellence***